

MAY 18 2005

001/008

60,130-1407; 02mra0185

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hayford  
Serial No.: 10/670,594  
Filed: 9/25/03  
Group Art Unit: 3683  
Examiner: Butler  
For: BRAKE SLACK ADJUSTER

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

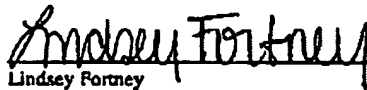
Dear Sir:

This is in response to the Office Action mailed February 1, 2005. Please amend the application as follows.

BEST AVAILABLE COPY

05/24/2005 SHORELAN 00000002 501482 10670594  
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

01 FC:1251 120.00 DA  
02 FC:1201 200.00 DA  
Office, fax number (703) 872-9306, on May 18, 2005.

  
Lindsey Fortney

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10/670.594

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	18	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	16 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	19	20	-
Independent	4	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

5-18-05

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	20	-
Independent	4	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	7.50

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	88.00
+140=		OR	+280=	
TOTAL		OR	TOTAL	88.00

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	200.00
+140=		OR	+280=	
TOTAL		OR	TOTAL	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

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